## **Application Data Sheet**

## **Application Information**

Application number:: Unassigned Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::
Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Simplified implementation of adaptable user

interfaces

Attorney Docket Number:: 03797.00448

Request for Early Publication?:: NO

Request for Non-Publication?:: YES

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 15

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kathryn

Middle Name:: G

Family Name:: Rasmussen

Name Suffix::

City of Residence:: Edmonds

State or Province of Residence:: WA

Country of Residence::

Street of mailing address:: 9914 242nd Place SW

City of mailing address:: Edmonds

State or Province of mailing address:: WA

Country of mailing address::

Postal or Zip Code of mailing address:: 98020

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Eric

Middle Name::

Family Name:: Askilsrud

Name Suffix::

City of Residence:: Sammamish

State or Province of Residence:: WA

Country of Residence::

Street of mailing address:: 23139 SE 27th Way

City of mailing address:: Sammamish

State or Province of mailing address:: WA

Country of mailing addr	ess::			
Postal or Zip Code of mailing address::		98075		
Applicant Authority Type::		Invento	or	
Primary Citizenship Country::		US		
Status::		Full Ca	pacity	
Given Name::		Robert		
Middle Name::		E		
Family Name::		Corring	iton	
Name Suffix::				
City of Residence::		Kirkland		
State or Province of Re	tate or Province of Residence::			
Country of Residence::				
Street of mailing address	reet of mailing address::		NE 117th Street	
City of mailing address:	address:: Kirkland			
State or Province of ma	te or Province of mailing address:: W			
Country of mailing addr	ess::			
Postal or Zip Code of m	ailing address::	98034		
Correspondence Ir	formation			
Correspondence Custo	nce Customer Number:: 28319			
Representative Info	ormation			
Representative Custom	er Number::	28319		
Domestic Priority I	nformation			
Application::	Continuity Type	<b>:</b> ::	Parent Application::	Parent Filing Date::

Foreign Priority Information					
Country::	Application number::	Filing Date::	Priority Claimed::		

## **Assignee Information**

Assignee name::

Microsoft Corporation

Street of mailing address::

One Microsoft Way

City of mailing address::

Redmond

State or Province of mailing address::

WA

Country of mailing address::

US

Postal or Zip Code of mailing address::

98052